

COMMONWEALTH OF PENNSYLVANIA  
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CARLA J. DEL FUOCO					
STREET ADDRESS 2720 PARSONS REST					
CITY TALLAHASSEE		STATE FL	ZIP CODE 32309 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION	
	6TH TUESDAY PRE-PRIMARY	1.	SCHOOL DIRECTOR - FAIRVIEW, FL	D	MO. DAY YEAR 11 08 2011
	2ND FRIDAY PRE-PRIMARY	2.			
	30 DAY POST-PRIMARY	3.			
	6TH TUESDAY PRE-ELECTION	4.			
	2ND FRIDAY PRE-ELECTION	5.			
	30 DAY POST-ELECTION	6.			
ANNUAL REPORT	7. <input checked="" type="checkbox"/>				
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		12 31 16		12 31 17	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 275.75			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00			
AMENDMENT REPORT?		YES	NO		
TERMINATION REPORT?		YES	NO		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
30th DAY OF January 2018  
SIGNATURE  
MY COMMISSION EXPIRES 03 20 2018

SIGNATURE OF PERSON SUBMITTING REPORT  
CARLA J. DEL FUOCO  
PRINTED NAME  
320-5372  
DAYTIME TELEPHONE NUMBER

EILEEN STILES  
Notary Public - State of Florida  
My Comm. Expires Mar 20, 2018  
Commission # FF 104568

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
DAY OF 20  
SIGNATURE  
MY COMMISSION EXPIRES MO. DAY YR.

SIGNATURE OF CANDIDATE  
PRINTED NAME  
AREA CODE DAYTIME TELEPHONE NUMBER